

8/13/91

READ CAREFULLY BEFORE COMPLETING THIS FORM-PLEASE PRINT OR TYPE

File separate Proof of Claim for each claim.

Liquidator I.D. No.: **37-056551-007-B**

INSURED REFERENCE

**US EPA VS FIRESTONE INC
ELKHART INDIANA SITE**

US EPA RECORDS CENTER REGION 5



481067

CLAIM NO.

**37-0501116178
MLP101252
LOSS CLAIM
OHIO**

CLAIMANT NAME AND ADDRESS

**HIMCO LANDFILL C/O
US EPA-REGION 5
230 SOUTH DEARBORN ST
CHICAGO IL 60604**

PLEASE COMPLETE:

Policy No.: _____

Insured: _____

Date of Loss: _____

— To participate in the distribution of assets of the company as a timely claim, all claims must be received by the Liquidator on or before the Claim Filing Deadline of 4:30 P.M. Chicago time,

01/17/89.

— No persons having a contingent claim against the company or an insured of the company shall participate in any distribution of assets unless such claims are received by the Liquidator on or before the Claim Filing Deadline and are liquidated on or before the Contingent Claims date of 4:30 P.M. Chicago time,

01/17/91.

EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION IN ORDER TO BE CONSIDERED

CLAIM IS FOR (CHECK OR SPECIFY BELOW)

POLICYHOLDERS/INSUREDS:

- ☐ Claim is made for policyholders/insureds protection up to the limits of the policy.
ALL POLICYHOLDERS/INSUREDS SHOULD CHECK THIS BOX.
- ☐ Claim is made for the return of unearned premium due to early cancellation. Is premium financed?
_____ Yes _____ No If yes, give details on separate sheet.

Amount of Premium/Consideration paid to date _____

CLAIMANTS (Other than Policyholders/Insureds):

- ☐ Claim is made against policyholder/insured.
- ☐ Claim is made by an attorney for unpaid legal expenses.
- ☐ Claim is made by an agent or broker.
- ☐ Claim is made by a general creditor for unpaid invoices.
- ☐ All other claimants. (On separate sheet, describe nature of claim and consideration given for it).

If amount of claim is unknown, insert words "Unstated Amount." You may amend claim up until final date of adjudication by the Liquidator.

TOTAL AMOUNT OF CLAIM

\$

No part of the debt has been paid, except _____

There are no setoffs or counterclaims to the debt, except _____

There is no security for the debt, except _____

STATUS OF CLAIM:

- ☐ Claim is based on a court judgement or settlement (attach order or agreement).
- ☐ Claim is currently pending in court (provide details and documentation).
- ☐ Claim is not yet filed in court.

LATE CLAIM

Undersigned subscribes and affirms as true under the penalties of perjury as follows: that he has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant; that the matters set forth above and in any accompanying documents are true to the best of his knowledge and belief.

Subscribed and sworn to before me this

_____ day of _____, 19 _____.

Signature: _____

Notary Public/Commissioner of Oaths

State of _____ County of _____

My commission expires: _____
(Seal)

CLAIMANT'S NAME (Please Print or Type) DATE SIGNED

BY: _____

Signature of Individual, Partner or Officer

Home Telephone (____) _____

Work Telephone (____) _____

See Reverse for Mailing and
Other Instructions.

O.S.D. COPY

AL-103
030189

CLAIMS NOTICE

By Order of the Circuit Court of Cook County, Illinois, all persons who may have claims against the company shall present the same to the Liquidator by the claims date, as indicated on the front of this form, through a proof of claim. A proof of claim shall consist of a statement under oath, in writing, signed by the claimant, setting forth the claim, the consideration therefor, and whether any, and if so, what securities are held therefor, and whether any, and if so, what payments have been made thereon, and that the sum claimed is justly owing from the company to the claimant. Whenever a claim is founded upon an instrument in writing, such instrument, unless lost or destroyed, shall be filed with the proof of claim. If such instrument is lost or destroyed, a statement of such fact and of the circumstances of such loss or destruction shall be filed under oath with the claim.

Any insured under a liability insurance policy shall have the right to file a contingent claim. Such claims must be filed before the claims filing deadline and must be liquidated and evidence of payment presented to the Liquidator on or before the contingent claim date. Any person who has a cause of action against an insured of the company under a liability insurance policy issued by the company shall have the right to file a claim with the Liquidator and such claim may be allowed: (a) if it may be reasonably inferred from the proof presented upon such claim that such person would be able to obtain a judgment upon such cause of action against such insured; and (b) if such person shall furnish suitable proof, unless the court for good cause shown shall otherwise direct, that no further valid claims against such insurer arising out of this cause of action other than those already presented can be made; and (c) if the total liability of such insurer to all claimants arising out of the same act of its insured shall be no greater than its total liability would be were it not in liquidation.

The obligation of the insurer, if any, to defend or continue the defense of any claim or suit under a liability insurance policy shall terminate on the entry of the Order of Liquidation. Insureds may include in contingent claims reasonable attorneys fees for services rendered subsequent to the date of Liquidation, in defense of claims or suits covered by the insured's policy provided such attorneys fees have actually been paid by the assured and evidence of payment presented in the manner required for insured's contingent claims.

Claimants against the company who are Illinois residents may be entitled to the protection of the Illinois Insurance Guaranty Fund. All such claimants shall have their proof of claim forwarded to the Fund by the Liquidator. The Illinois Insurance Guaranty Fund shall contact you or your attorney shortly after its receipt of the Proof of Claim from the Liquidator. Claimants in other states may be similarly protected by their State's Guaranty Fund and are directed to communicate directly with such fund.

All policies and contracts of insurance (not otherwise covered by a Guaranty Fund) are cancelled as of the date of the Order of Liquidation unless otherwise specified in said Order.

INSTRUCTIONS

If your claim is for return of premiums, you do not have to know the amount. If known, enter the amount.

If your claim is a loss claim or for other policy benefits, please provide an explanation of the loss or accident.

If you have other types of claims against the company, provide a brief explanation of the claim and the amount claimed. If you do not know the amount write "Unstated Amount".

You must sign the CLAIM FORM and have it notarized. Please retain the CLAIMANT copy (the gold copy) for your records and mail the other copies of the form to:

OFFICE OF THE SPECIAL DEPUTY Representing the Director of Insurance,
State of Illinois
446 East Ontario, Seventh Floor
Chicago, Illinois 60611
312/915-4700

CHANGE OF ADDRESS

If you move after you send in your claim form, you must provide us with your new address. Be sure you send the Liquidator I.D. No. shown on the claim form with your new address and include the Liquidator I.D. No. with any other correspondence.

GENERAL INFORMATION

Your claim will be reviewed once it is returned to us. If your claim is for unearned premiums or for a Loss claim and it is covered by an Insurance Guaranty Fund, we will provide them a copy. The Fund will then contact you directly if any payment is due from them.

Amounts not covered by the Guaranty Fund or any applicable deductible will become a claim against the assets of the company. Such amounts will be independently evaluated by this office.

When your claim is evaluated, you will be notified as to the dollar amount. You will also be notified as to when and where you may appear if you wish to object to the evaluation.

After all claims against the company are evaluated and approved by the Court, claims will be paid based on available funds. The amount of payment will depend on the percent of assets to total claims. We will not know the percent that can be paid in any individual claim until all claims are evaluated and assets converted to cash. This process may take a number of months after the deadline for filing claims has passed.

The Liquidator's acceptance of this Proof of Claim form is not intended to nor does it constitute any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that he may have against any person, entity or governmental agency.

8/19/91

FOR OFFICE USE ONLY:

DATE PROOF OF
CLAIM RECEIVED

READ CAREFULLY BEFORE COMPLETING THIS FORM-PLEASE PRINT OR TYPE

File separate Proof of Claim for each claim.

Liquidator I.D. No.: 37-056561-007-B

CLAIM NO. 37-0501116079
MLP101339
LOSS CLAIM
OHIO

INSURED REFERENCE

US EPA VS FIRESTONE INC
ELKHART INDIANA SITE

CLAIMANT NAME AND ADDRESS

HIMCO LANDFILL C/O
US EPA-REGION 5
230 SOUTH DEARBORN ST
CHICAGO IL 60604

PLEASE COMPLETE:

Policy No. _____

Insured: _____

Date of Loss: _____

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EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION IN ORDER TO BE CONSIDERED

AMOUNT OF CLAIM

CLAIM IS FOR (CHECK OR SPECIFY BELOW)

POLICYHOLDERS/INSUREDS:

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Subscribed and sworn to before me this

_____ day of _____, 19 _____.

CLAIMANT'S NAME

(Please Print or Type)

DATE SIGNED

Signature: _____

Notary Public/Commissioner of Oaths

State of _____ County of _____

My commission expires: _____
(Seal)

BY: _____

Signature of Individual, Partner or Officer

Home Telephone (____) _____

Work Telephone (____) _____

See Reverse for Mailing and
Other Instructions.

O.S.D. COPY

AL-103
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Chicago, Illinois 60611
312/915-4700

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